

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32109

State File No. _____

1512

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>		d. STREET ADDRESS (If rural, give location) <u>III Sparks Street,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James,</u> b. (Middle) <u>W.</u> c. (Last) <u>Rumans,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10th. 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>	8. DATE OF BIRTH <u>April 11th. 1868</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer,</u>	11. BIRTHPLACE (State or foreign country) <u>Columbia, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James W. Rumans,</u>	
14. MOTHER'S MAIDEN NAME <u>Lucy Skinner,</u>		15. NAME OF HUSBAND OR WIFE <u>Martha Ellen Rumans</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>none</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissection Abdominal Aorta Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>451X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9-3</u> , 19 <u>52</u> , to <u>9-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-10</u> , 19 <u>52</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg, Missouri,</u>	
23c. DATE SIGNED <u>9-11-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery, Warrensburg, Missouri.</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Brauminger</u> ADDRESS <u>Warrensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 11, 1952</u>		REGISTRAR'S SIGNATURE <u>J. W. White</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 15 1952
JOHNSON COUNTY HEALTH DEPT

MAY 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

R A Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.